

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **9/049847**

FILING DATE

APPLICANT(S)

1/3/05 11-17-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1			
TOTAL DEP.	9		10			
TOTAL CLAIMS	10		11			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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